

**STATE OF ALASKA
DEPARTMENT OF REVENUE
CHILD SUPPORT ENFORCEMENT DIVISION**

550 W 7th Avenue Ste 310
Anchorage AK 99501-6699
Phone: (907) 269-6900 Fax: (907) 269-6650
TTY: (907) 269-6894 TTY In-State Toll-Free 1-800-370-6894

Check One

- ☐ New
☐ Change
☐ Cancel

**ELECTRONIC FUND TRANSFER (EFT)
AUTHORIZATION FOR DIRECT DEPOSIT OR DIRECT PAYMENT**

Name as it appears on the bank account _____

CSED case number _____ Social Security Number _____

I authorize the State of Alaska to:

- ☐ make **direct deposits** to the account below (name on account must match name on the CSED case)
☐ take **direct payments** from the account described below.

Name of bank or financial institution: _____

Account type: ☐ CHECKING ☐ SAVINGS ☐ OTHER _____

Transit routing number and account number (example below): _____



Routing # Account #

Attach a voided check or deposit slip here

This will be used to verify the name, bank routing number, and account number

I authorize the State of Alaska to make necessary adjustments to the above account to correct any credit entries made in error. I understand that the State will make a reasonable effort to notify me within 24 hours when an adjustment is made. This authority remains in effect as long as I have an open child support case with the State of Alaska or until the State receives written notice from me.

I understand that 30 days written notice is required to change financial institutions, account numbers, or account type; that I must notify CSED if I close my account or change my address; that the name on the child support case must match the name on the account into which deposits are being made; and that direct deposit will begin only after the above information has been electronically verified.

Signature

Date

Day phone